
State:	Arkansas	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO		
Product Name:	COB.AMD.CF.I.01.AR		
Project Name/Number:	COB.AMD.CF.I.01.AR/COB.AMD.CF.I.01.AR		

Filing at a Glance

Company:	UnitedHealthcare Insurance Company
Product Name:	COB.AMD.CF.I.01.AR
State:	Arkansas
TOI:	H16G Group Health - Major Medical
Sub-TOI:	H16G.002A Large Group Only - PPO
Filing Type:	Form
Date Submitted:	08/21/2012
SERFF Tr Num:	UHLC-128652915
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	COB.AMD.CF.I.01.AR
Implementation	On Approval
Date Requested:	
Author(s):	Kelly Smith
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	08/21/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: COB.AMD.CF.I.01.AR
Project Name/Number: COB.AMD.CF.I.01.AR/COB.AMD.CF.I.01.AR

Filing Company: UnitedHealthcare Insurance Company

General Information

Project Name: COB.AMD.CF.I.01.AR
Project Number: COB.AMD.CF.I.01.AR
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 08/21/2012
State Status Changed: 08/21/2012
Created By: Kelly Smith
Corresponding Filing Tracking Number: COB.AMD.CF.I.01.AR

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Large
Overall Rate Impact:

Deemer Date:
Submitted By: Kelly Smith

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Case Specific, Coordination of Benefits Amendment for your Department's review and approval. Case specific for City of Fayetteville, requesting statutory language be added to the Coordination of Benefits section.

Company and Contact

Filing Contact Information

Kelly Smith, Manager RGA
800 King Farm Blvd.
Suite 500
Rockville, MD 20850

Kelly_Smith@uhc.com
240-632-8061 [Phone]

Filing Company Information

UnitedHealthcare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
185 Asylum Street	Group Code: 707	Company Type: Life and Health
Hartford, CT 06103	Group Name:	State ID Number:
(860) 702-5000 ext. [Phone]	FEIN Number: 36-2739571	

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
UnitedHealthcare Insurance Company	\$50.00	08/21/2012	61862324

SERFF Tracking #:	UHLC-128652915	State Tracking #:		Company Tracking #:	COB.AMD.CF.I.01.AR
State:	Arkansas	Filing Company:	UnitedHealthcare Insurance Company		
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO				
Product Name:	COB.AMD.CF.I.01.AR				
Project Name/Number:	COB.AMD.CF.I.01.AR/COB.AMD.CF.I.01.AR				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/21/2012	08/21/2012

SERFF Tracking #:	UHLC-128652915	State Tracking #:		Company Tracking #:	COB.AMD.CF.I.01.AR
State:	Arkansas	Filing Company:	UnitedHealthcare Insurance Company		
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Product Name:	COB.AMD.CF.I.01.AR				
Project Name/Number:	COB.AMD.CF.I.01.AR/COB.AMD.CF.I.01.AR				

Disposition

Disposition Date: 08/21/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter COB.AMD.CF.I.01.AR	Approved-Closed	Yes
Form	COB.AMD.CF.I.01.AR	Approved-Closed	Yes

State:	Arkansas	Filing Company:	UnitedHealthcare Insurance Company
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Project Name/Number:	COB.AMD.CF.I.01.AR/COB.AMD.CF.I.01.AR		

Form Schedule

Lead Form Number: COB.AMD.CF.I.01.AR							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/21/2012	COB.AMD.CF.I. 01.AR	POLA	COB.AMD.CF.I.01.AR	Initial:	51.400	COB.AMDCF.I.01.AR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Amendment to the Certificate of Coverage

The Certificate of Coverage is modified as described in this Amendment.

Section 7: Coordination of Benefits

The following provision is added to the Order of Benefit Determination Rules, Item D.:

a. When any municipal official or municipal employee age fifty-five (55) or over who has completed twenty (20) years of service to the municipality and who is vested in the retirement system retires, the official or employee may continue to participate in the municipality's health care plan, receiving the same medical benefits and paying the same premium as active employees as long as the retired official or employee pays both employer and employee contributions to the health care plan.

b. When any municipal official or municipal employee age sixty-two (62) or over who has completed ten (10) years of service to the municipality and who is vested in the retirement system retires, the official or employee may continue to participate in the municipality's health care plan for a period of eighteen (18) months, receiving the same medical benefits and paying the same premium as active employees as long as the retired official or employee pays both employer and employee contributions to the health care plan.

(Name and Title)

[To continue reading, go to right column on this page]

[To continue reading, go to left column on next page.]

State:	Arkansas	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO		
Product Name:	COB.AMD.CF.I.01.AR		
Project Name/Number:	COB.AMD.CF.I.01.AR/COB.AMD.CF.I.01.AR		

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	08/21/2012
Bypass Reason:	Flesch Score - 51.4 Application - N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/21/2012
Bypass Reason:	Flesch Score - 50.2 Application - N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	08/21/2012
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter COB.AMD.CF.I.01.AR	Approved-Closed	08/21/2012
Comments:			
Attachment(s):			
AR INS 01_COB CF Amd CovLtr.pdf			

August 21, 2012

Ms. Rosalyn Minor
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201

Re: UnitedHealthcare Insurance Company
NAIC No. 79413
Case Specific, Coordination of Benefits Amendment
COB.AMD.CF.I.01.AR
Flesch Score: 51.4

Dear Ms. Minor:

On behalf of UnitedHealthcare Insurance Company, I am submitting the attached case specific Coordination of Benefits Amendment for your Department's review and approval. Case specific for City of Fayetteville, requesting statutory language be added to the Coordination of benefits section.

Explanation Variable Text

Included in this addendum are the following features:

- **Non-variable Text** that always appears in an issued document.
- **Variable Text** that may or may not appear in an issued document depending on the specific product and plan design selected by the Enrolling Group. Variable text is enclosed in [brackets].
- **Instruction text** that is included, where necessary, to further explain the variability in the filed forms. Please note that any instruction text will appear only in the filed form and will not appear in the form issued to a member.

If you have any questions or concerns regarding this submission, please feel free to call me at the number shown below.

Sincerely,

Kelly Smith
UnitedHealthcare Insurance Company
800 King Farm Boulevard
Rockville, MD 20850
Toll free: 240-632-8061
Email: kelly_smith@uhc.com